DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CENTURY RIDGE II (410362)

Address: 2510 BLUESTONE PL, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094609 End Date: 04/07/2005 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093749 End Date: 11/23/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007057 Served 12/11/2004

7,1000,000, 300,000,12,11,200,1		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/07/2005	Yes
83.19(1)(e)1	ABUSE OR MISAPPROPRIATION OF PROPERTY	04/07/2005	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	04/07/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/07/2005	Yes
83.33(2)	GENERAL SERVICES	04/07/2005	Yes

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Survey ID: 0092207 End Date: 03/02/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006947 Served 03/26/2004

		Compilation	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	11/23/2004	Yes
83.19(1)(e)2	REPORT OF ABUSE REQUIREMENTS	11/23/2004	Yes
83.21(4)(g)	FAIR TREATMENT	11/23/2004	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	11/23/2004	No

Compliance

Survey ID: 0091628 End Date: 10/30/2003 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006908 Served 12/08/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.20(2)(d)1	DEPARTMENT REVIEW OF DISCHARGE/TRANSFER	03/02/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	03/02/2004	Yes
83.33(2)(a)	SUPERVISION	03/02/2004	Yes

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P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 12/09/2004 SOD #10007057 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.14(1)(d)

FORFEITURE---83.19(1)(e)1

FORFEITURE---83.21(4)(m)

FORFEITURE---83.33(2)

Date: 03/25/2004 SOD #10006947 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---13.05(3)(a)

FORFEITURE---83.21(4)(g)

FORFEITURE---83.21(4)(m)

Date: 12/04/2003 SOD #10006908 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

NO NEW ADMISSIONS

PROVIDE TRAINING

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(a)

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Madison WI 53701-2969

Complaint History					
Date Complaint Received: 01/26/2005	Date Investigation Completed: 04/	12/2005			
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE	Result NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 04/02/2004	Date Investigation Completed: 11/29/2004				
Subject Area(s) RESIDENT RIGHTS NUTRITION & FOOD SERVICES ADMINISTRATION	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 03/15/2004	Date Investigation Completed: 11/	29/2004			
Subject Area(s) RESIDENT RIGHTS PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 01/23/2004	Date Investigation Completed: 11/29/2004				
Subject Area(s) PHYSICAL PLANTS & SAFETY HAZARDS	Result NOT SUBSTANTIATED	<u>SOD #</u>			
Date Complaint Received: 01/09/2004	Date Investigation Completed: 03/19/2004				
Subject Area(s) RESIDENT RIGHTS NUTRITION & FOOD SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 12/04/2003	Date Investigation Completed: 03/19/2004				
Subject Area(s) ABUSE RESIDENT BEHAVIOR/FACILITY PRACTICE ADMINISTRATION	Result NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	SOD # NOT RECORDED 10006947			